

Community Participation and Leadership Inventory

Background Information:

NAME: _____

Address: _____

Phone: _____

Years you have lived in our community: _____

GENDER: **FEMALE** **MALE**

Political and Government-Related Activities:

	Never	One Time	2-3 Times	4-5 Times	Over 5 times
Have you ever written or talked to a public official about an issue that was of concern to you?					
Have you ever spoken out in a public meeting on a community or neighborhood issue about which you were concerned?					
Have you ever worked actively for the election of any political candidate?					
Have you ever been elected or appointed to a local government position?					

Involvement in Voluntary Organizations:

Civic and Service Organizations

Do you currently belong, or have you been a member in the past, of any community, civic and service organizations, such as Rotary, Lions, Kiwanis, American Red Cross, March of Dimes, United Way, Junior Achievement, etc.? If so, write the name of the organization(s) in the box.

Faith-Based Organizations

Do you currently belong, or have you been a member in the past, of any faith-based organizations, including missions groups, outreach groups or educational groups such as Catholic Charities, Habitat for Humanity, Salvation Army, Feed the Children, Food for the Poor, Bible Study group or other related organization(s)? If so, please write the name of the organization(s) in the box below.

Social and Recreational Organizations

Do you currently belong, or have you been a member in the past, of any social or recreational organizations, such as a hobby clubs, sports clubs (such as hunting, fishing, sailing), sports league (such as soccer, football, basketball or softball), Toastmasters, etc.? If so, write the name of the organization(s) in the box below.

Fraternal and Patriotic Organizations

Do you currently belong, or have you been a member in the past, of a fraternal or patriotic organization, such as American Legion, Elks, Fraternal Order of Eagles, Veterans of Foreign Wars, Masons or the Shriners? If so, write the name of the organization(s) in the box below.

Youth-Focused Organizations

Do you currently belong, or have you been an adult volunteer or member, of any youth-focused organization, such as 4-H, Boy Scouts, Girl Scouts, Boys/Girls Club, Future Farmers of America, Parent-Teach Association, Big Brothers/Big Sisters, Children's Defense Fund, etc.? If so, write the name of the organization(s) in the box below.

Leadership in Voluntary Organizations:

If you provided information on any of the types of organizations listed above, did you serve as an officer, member of the board, or chair a committee of any of these organizations in the past five years? Please circle your answer.

YES (how many different organizations? _____)

NO, never served in any of these roles

Involvement in Local Issues:

Over the past five years, have you been actively involved in any type of community project(s) or issue(s)? This could be an issue(s) or community project that has taken place in your neighborhood, town and/or city.

YES

NO

IF YES, please place a checkmark by the items below that best represent the type of involvement that you may have had in these issue(s) or project(s).

- Helped bring an issue or project to the attention of my community, neighborhood or local government.
- Helped investigate the issue or project (for example, gathered facts about the issue; tried to find out what people felt about the issue/project; asked other people to help work on the issue or project).
- Helped decide what was to be done about the issue or project (for example, what approaches would be best to deal with the issue or project).
- Worked on putting the plan of action together (for example, helped figure out who would be responsible for carrying out different parts of the plan; helped determine when activities related to the plan would be started and completed).
- Helped carry out activities to get the project off the ground and completed or to get the local issue addressed or settled.

Inventory of Voluntary Associations & Local Formal Institutions

Name of Organization: _____

Type of Organization (check box):

- Government/Political
- Economic/Business
- Health
- Religious/Faith-Based
- Human/Family/Youth Services
- Civic, Social or Fraternal Organizations
- Other (Please List: _____)

Mission or Purpose of Organization:

Number of Members and/or Employees:

Number of members: _____

Number of employees: _____

What important local activities or programs is the organization currently carrying out in the community? List these in the boxes below.

a.

b.
c.
d.
e.

Profile of the Organization's Current Resources & Assets:

Buildings owned	
Equipment owned (vehicles, computers, heavy equipment)	
Areas of expertise of employees/volunteers in the organization	
Resources available to support local activities/program (e.g. foundations, grants, donations)	
External resources that the organization can access that might be available to support local activities/programs	

What groups does this organization work closely with in the community? Please list these groups.

a.	g.
b.	h.
c.	i.
d.	j.
e.	k.
f.	l.

What activities or programs is the organization hoping it can launch in the community over the next 3-5 years? Please briefly describe below.

a.
b.
c.
d.
e.